



## BOARD OF BEHAVIORAL SCIENCE EXAMINERS

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814  
TELEPHONE: (916) 445-4933



For Office Use Only:

Cashiering No. \_\_\_\_\_

Approved by: \_\_\_\_\_  
Date Ordered: \_\_\_\_\_

## NOTIFICATION OF NAME CHANGE

and

## APPLICATION FOR REPLACEMENT DOCUMENT

## SECTION I: NAME CHANGE AFFIDAVIT

The Board of Behavioral Science Examiners may recognize a name change by a registrant/licensee if that name is now his or her new adopted name for all purposes and if the change is not made for fraudulent purposes.

I, \_\_\_\_\_ SSN \_\_\_\_\_, hereby certify that I am currently a registrant/licensee of the Board of Behavioral Science Examiners and am the holder of Registration/License Number \_\_\_\_\_ issued under the name of \_\_\_\_\_ and that I have now assumed the name of \_\_\_\_\_

based on the following:

(check one or more)

- ☐ Court Order                      ☐ Marriage  
☐ Dissolution of Marriage      ☐ Birth Certificate (if returning to Maiden name)  
☐ Other (Specify) \_\_\_\_\_

Submit a certified copy/copies of the following appropriate documents, where applicable, along with this form, to the above address.

- Marriage Certificate
- Endorsed Copy of Judgment of Marital Dissolution
- Notarized Statement Attesting to the Fact of Name Change due to Specified Above Reason
- Endorsed Copy of Court Order

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Signature

FOR OFFICE USE ONLY: Date name changed: \_\_\_\_\_ By: \_\_\_\_\_ ATS: ☐ CAS: ☐

## SECTION II: APPLICATION FOR REPLACEMENT DOCUMENT

You may apply for a replacement wall license and/or current renewal license or registration which will reflect your new name by completing the section below and returning it with the required documents and fee.

**(Original wall license and/or renewal license or registration must be returned with this application.)**

- ☐ Request the replacement of original wall license (FEE: \$20.00)  
☐ Request the replacement of current renewal license or registration (FEE: \$20.00)

Please indicate the address to which the document should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_